FINANCIAL STATUS REPORT

ORIGINAL

(Short Form)

(Follow instructions on the back)

1 Federal Agency	and Organizational Element	2. Federal Grant or Other Identifying Number Assigned			OMB Approval Page of		
to Which Report is Submitted By Federal Agency			dentifying Hamber Addign	icu	No.	l age of	
General Services Adminsitration FY03 HAVA Section			251 Funding		0348-0038	1 pages	
3. Recipient Organ	nization (Name and complete a	ddress, including ZIP code)				1. 5.	
New Jersey D	epartment of Law & Publi	c Safety, P.O. Box 081	Trenton, New Jersey	y 08625			
4. Employer Identi	fication Number	5. Recipient Account Numb	per or Identifying Number	7. Basis Cash Accrual			
8. Funding/Grant f	Period (See instructions)		9. Period Covered by t	his Report			
From: (Month,	Day, Year)	To: (Month, Day, Year)	From: (Month, Day,	Year)	To: (Month, Day, Year)		
6/16/2003		12/31/2006	6/16/2003		6/30/2004		
10. Transactions:			l Previously Reported	II This Period	 Cumulative		
a. Total outlays			0.00	0.00		0.00	
b. Recipient share of outlays			0.00	0.00		0.00	
c. Federal share of outlays			0.00	0.00		0.00	
d. Total unliquidated obligations							
e. Recipient share of unliquidated obligations							
f. Federal share of unliquidated obligations			Committee Committee	ASINE CONTRACTOR			
g. Total Federal share(Sum of lines c and f)						0.00	
h. Total Federal funds authorized for this funding period					24,3	358,479.00	
i. Unobligated balance of Federal funds(Line h minus line g)				liging relieve by a torner Valuation compact resource	24,3	358,479.00	
11. Indirect	a. Type of Rate(Place "X" in	·· · <u> </u>	etermined		Fixed	,	
Expense	b. Rate	c. Base	d. Total Amount		Federal Share		
12. Remarks: Atta legislation.	 ch any explanations deemed ne	cessary or information require	ed by Federal sponsoring	agency in compliance w	ith governing		
13. Certification:	I certify to the best of my knountiquidated obligations are			nplete and that all outle	ays and		
Typed or Printed Na	ame and Title			Telephone (Area code,	number and exter	nsion)	
STA	VEN TALPA	C009 9	E4063	u			
Signature of Author	ized Certifying Official	Date Report Submitted					
		November 4, 2004					
NCN 7540 04 04A	1007 //	200.0					

SAN

NSN 7540-01-2**7**8-438

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT



(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted By Federal Agency			dentifying Number Assigne	OMB Approval No.	Page of	
General Services Adminsitration FY03 HAVA Section 2			261 Funding		0348-0038	1
	nization (Name and complete a	-	Trenton, New Jersey	y 08625		pages
4. Employer Identification Number 5. Recipient Account No. 216006929			ber or Identifying Number 6. Final Report ☐ Yes ☑ No		7. Basis Cash Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 7/1/2003		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year) 7/1/2003		To: (Month, Day, Year) 6/30/2004	
10. Transactions:		12/01/2000	I Previously Reported	II This Period	Cumula	
a. Total outla	ays		0.00	0.00		0.00
b. Recipient share of outlays			0.00	0.00		0.00
c. Federal share of outlays			0.00	0.00		0.00
d. Total unliquidated obligations			es de parte, en l'est			
e. Recipient	t share of unliquidated obligation	ns				
f. Federal sha	are of unliquidated obligations					
g. Total Feder	eral share(Sum of lines c and f)					0.00
h. Total Fede	eral funds authorized for this fun	nding period			3	352,485.00
i. Unobligated	d balance of Federal funds/Line	h minus line g)			3	352,485.00
11. Indirect	a. Type of Rate(Place "X" in		etermined	Final	[
Expense	b. Rate	c. Base	d. Total Amount		Federal Share	
legislation.	ach any explanations deemed no					
		owledge and belief that this re for the purposes set forth in		iplete and that all outla	lys and	
Typed or Printed Na		PAS GRANZ	TS OOKD IN ATA	Telephone (Area code, 1	number and exter 4 063	ا دو
Signature of Authori	tized Certificing Official			Date Report Submitted November 4, 2004	1	
NSN 7540-01-2/8-4	4387	269-20			tandard Form 260	A (Pay 7 07)

Prescribed by OMB Circulars A-102 and A-11(